

SB 393

**Favorable with
Amendments**

TO: The Honorable Delores G. Kelley, Chair
Senate Finance Committee

FROM: Annie Coble
Assistant Director, State Affairs, Johns Hopkins University and Medicine

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Johns Hopkins supports with amendments **Senate Bill 393 Maryland Medical Assistance Program and Health Insurance – Coverage and Reimbursement of Telehealth Services**. SB 393 has important provisions to ensure continued access to telehealth services including allowing reimbursement for audio-only telehealth and includes protections, prioritizing patient choice in the determination of network adequacy for carriers. However, amendments should be considered to address the redundancies to codifying language that exists in COMAR and the authority that is granted to the Maryland Insurance Administration over the managed care organizations.

Johns Hopkins has prioritized expanding the use of the telehealth for the last several years. The COVID-19 pandemic has exacerbated the need for and provided an opportunity to prove the value of telehealth. Since the beginning of the pandemic in March 2020, Johns Hopkins Medicine has completed over 700,000 telemedicine visits. Across the institution, approximately 19% of those visits (or more than 130,000 visits in the last 10 months) have been completed through audio-only or telephone modalities. Based on October data, 84% of behavioral health visits were delivered via telehealth throughout the pandemic.

While current regulations allow appointments available through telehealth to be used when calculating wait times for network adequacy standards, codifying this methodology in statute could have downstream impacts with regards to availability of face to face care. This bill does establish new important patient protections in the network adequacy calculations. As stated, telehealth is currently allowed to be considered when calculating wait times for network adequacy standards, but current rules do not consider whether the patient has the capability or desire to use telehealth. Without considering patient consent the true level of accessibility and availability of services for patients is distorted. Patient choice is an important part of delivering quality care and should not be discounted.

One provision of this bill that requires further review is the authority that is granted to the Maryland Insurance Administration over the Medicaid managed care organizations. The Maryland Department of Health currently maintains the authority and flexibility over the MCOs and this bill removes some of that flexibility. This provision should be carefully considered before approving.

Telehealth has become an essential tool in providing healthcare. Senate Bill 393 allows Marylanders to continue to access this tool in an equitable and fair way but additional considerations need to be granted to certain components for the legislation. For those reasons and more, Johns Hopkins urges a **favorable with amendments report on Senate Bill 393 Maryland Medical Assistance Program and Health Insurance – Coverage and Reimbursement of Telehealth Services.**